



# REGISTRATION FORM

## PARENT INFORMATION

Parent/Guardian

Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Please briefly explain what you hope your child will accomplish with Prime View Soccer Academy.

\_\_\_\_\_  
\_\_\_\_\_

Affix 4  
Passport  
Photograph

## STUDENT INFORMATION

Name: \_\_\_\_\_  
Surname First Middle

Contact Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male  Female   
dd mm yyyy

Int'l Passport No. (if any): \_\_\_\_\_ Issuing Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Present Weight: \_\_\_\_\_ Present Height: \_\_\_\_\_

Present School/Club: \_\_\_\_\_

District of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

Academic Status:  I'm in Primary  I'm in Sec. Sch. (What Class? \_\_\_\_\_)

Soccer position(s):  Striker  Mid-fielder,  Defender  Goalkeeper

Please indicate any medical condition (i.e. Allergies, Asthma, Illness, previous injuries, etc) or any

"special instruction" here \_\_\_\_\_

Briefly explain what you hope to accomplish with Prime View Soccer Academy

Academy \_\_\_\_\_

How did you hear about PVSA? \_\_\_\_\_

What do you think are your present weaknesses? \_\_\_\_\_

(Speed, skills, shooting ability, heading, passes, control etc)

## **PARENTS/GUARDIAN AGREEMENT**

As a parent/legal guardian of the applicant/student, I hereby give permission for my child to join/participate in the Prime View Soccer Academy and/or programme and agree to comply with all the programme regulations. I hereby exonerate the camp, staff, management and Prime View Soccer Academy from any loss, and all liability from injuries during my child's participation in the soccer school. I do hereby state that my child is medically qualified to attend the Prime View Soccer Academy. I do hereby authorize Prime View Soccer Academy to act for me according to their best judgment in any emergency requiring medical attention. I authorize the use of photo/video taken of my child during this programme for Prime View Soccer Academy materials. I agree that upon huge investment of Prime View Soccer Academy in my son/ward football and academic development that he will not be involved in any form of registration with another club/academy without a written clearance from Prime View Soccer Academy.

I also understand and agree that if my child violates any of the Camp rules and regulations that he may be sent home early at my expense or be punished/penalize in the best judgment of the Academy

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **STUDENT'S/PLAYER'S RESPONSIBILITIES**

As a registered student of Prime View Soccer Academy, I accept that I am responsible for: The accuracy of the above information. Attention to my academic progress at school. The payment of my fees as at when due. Regular training attendance. Wearing of camp/school Uniform and ID card as required. Attention to the teachers and coaches. Not be involved in any form of registration with another club/academy without a clearance from Prime View Soccer Academy. Excellent discipline and behaviour at all times. Maintain a maximum level of safety and security. Be an Ambassador of Prime View Soccer Academy.

I understand that if I violate any of the camp rules and regulations, Prime View Soccer Academy reserves the right to send me home early at my own or my Parent's/Guardian's expenses or be punished/penalize in the best judgment of Prime View Soccer Academy.

Student/Player's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form and Bank Deposit Slip before start date:**

Prime View Soccer Academy  
Tel: 0789836851, 0704440297  
Email: info@primeview.ca  
sales@primeview.ca  
Website: www.primeview.ca